

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
DEVELOPMENT AND PERMITS TRACKING SYSTEM

DATE: 09/10/96
TIME: 15:35:41
ROUTE TO: BS0100

DPR4051
PAGE 1

REQUESTED BY: XXXXXXXX

MISCELLANEOUS FEE RECEIPT

RECEIPT NUMBER: BS01000000430

THIS IS A RECEIPT FOR THE AMOUNT OF FEES COLLECTED AS LISTED BELOW. THE RECEIPT NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORD OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED. PLEASE RETAIN THIS RECEIPT AS PROOF OF PAYMENT. ANY REQUEST FOR REFUND MUST REFERENCE THIS RECEIPT NUMBER.

PAYMENT ACCEPTED FOR: [REDACTED]

DATE PAYMENT RECEIVED: 09/10/96 15:34:51
PAYOR NAME: TITLE COURT SERVICE
ADDRESS: 205 BROADWAY #302 LOS ANGELES, CA
PHONE: (213) 626-8753

FEE ITEM	FEE DESCRIPTION	STATISTICAL CODE	CALCULATION FACTOR	UNIT OF MEASURE	EXTENDED AMOUNT
09	RECORD SEARCH 1 COPY	A019236	1.00	COPIES	\$1.80

TOTAL FEES PAID: \$1.80

PAYMENT TYPE	REFERENCE	AMT TENDERED	CHANGE GIVEN	AMOUNT APPLIED
CHECK	92889	\$1.80	\$0.00	\$1.80

OFFICE: BS 0100 DRAWER: MS
CASHIER: MS

ITEMS WITH AN ASTERISK (*) WILL REQUIRE FURTHER DEPOSITS
WHENEVER ACTUAL COSTS EXCEED THE DEPOSIT AMOUNT

***** END OF REPORT *****

H21-1

Pick up 9-13-96

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
DEVELOPMENT AND PERMITS TRACKING SYSTEM

DATE: 07/05/96
TIME: 12:08:15
ROUTE TO: BS0100

DPR4051

PAGE 1

REQUESTED BY: XXXXXXXX

MISCELLANEOUS FEE RECEIPT

RECEIPT NUMBER: BS01000000051

THIS IS A RECEIPT FOR THE AMOUNT OF FEES COLLECTED AS LISTED BELOW. THE RECEIPT NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORD OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED. PLEASE RETAIN THIS RECEIPT AS PROOF OF PAYMENT. ANY REQUEST FOR REFUND MUST REFERENCE THIS RECEIPT NUMBER.

PAYMENT ACCEPTED FOR: [REDACTED]

DATE PAYMENT RECEIVED: 07/05/96 12:07:57
PAYOR NAME: RODRIQUEZ, JORGE
ADDRESS: 1218 SO EUCLID SAN GABRIEL, CA 9176
PHONE: (818) 286-0604

FEE ITEM	FEE DESCRIPTION	STATISTICAL CODE	CALCULATION FACTOR	UNIT OF MEASURE	EXTENDED AMOUNT
11	MICROFILMED PERMITS	A019236	1.00	COPIES	\$1.80

TOTAL FEES PAID: \$1.80

PAYMENT TYPE	REFERENCE	AMT TENDERED	CHANGE GIVEN	AMOUNT APPLIED
CASH		\$1.80	\$0.00	\$1.80

OFFICE: BS 0100 DRAWER: HG
CASHIER: HG

ITEMS WITH AN ASTERISK (*) WILL REQUIRE FURTHER DEPOSITS
WHENEVER ACTUAL COSTS EXCEED THE DEPOSIT AMOUNT

***** END OF REPORT *****

Rec 1 #

10

1-9

21-1